

WORK OR EDUCATION RELEASE PACKET



Office of the Sheriff



Chesterfield County, Virginia

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Office of the Sheriff Chesterfield County, Virginia

PROSPECTIVE PARTICIPANT MEMORANDUM

TO: Prospective Participant
FROM: Alternative Sentencing Coordinator
DATE: _____
SUBJECT: Work Release Program

Please fill out the attached application and return it to the coordinator. A check will be conducted on you to ensure your eligibility under the guidelines established by the Sheriff of Chesterfield County and established in Virginia Code Sections 53.1-131 and 19.2-354.

The Prospective Participant's Responsibilities are:

1. Full-time employment. Must have ability to pay program fees.
2. Pay any fines, costs, and restitution owed (Virginia Code 19.2-354). Provide a receipt to program staff as proof of payment. If you are on a court ordered payment plan, you must provide a copy of the ordered plan.
3. Provide a W-4 or current pay stub as proof of employment.
4. If self-employed, provide a copy of your business license and copies of any pending contracts.
5. Comply with other requests made by the Chesterfield County Sheriff's Office.

Individuals with pending court cases will not be allowed to participate.

All considerations are done on a case-by-case basis.



Office of the Sheriff Chesterfield County, Virginia

ILLEGAL DRUGS / PENDING CHARGES

TO: Work Release Applicant
FROM: Alternative Sentencing Coordinator
DATE: _____
SUBJECT: Illegal Drugs/Pending Charges

Have you used any illegal drugs within the last thirty (30) days? Yes ☐ No ☐ (check one)

If you answered yes, approximate date: _____

Do you have any pending court cases? Yes ☐ No ☐ (check one)

If you answered yes, please provide charge(s), locality and court date(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Inmate's Signature

Date

CHESTERFIELD COUNTY SHERIFF'S OFFICE
APPLICATION FOR PARTICIPATION
INMATE WORK/EDUCATION RELEASE AND HOME INCARCERATION

IN ORDER THAT YOUR APPLICATION MAY BE PROPERLY EVALUATED, IT IS ESSENTIAL THAT ALL OF THE FOLLOWING QUESTIONS BE ANSWERED CAREFULLY AND COMPLETELY.

INMATE NAME: _____
Last First Middle

DATE OF BIRTH: _____ SSN: _____ PHONE NO.: _____

PRESENT ADDRESS: _____
Street Name & Number County/City State Zip

HOW LONG AT PRESENT ADDRESS: _____

PREVIOUS ADDRESS: _____
Street Name & Number County/City State Zip

EDUCATION

HIGH SCHOOL GRADUATE? ☐ YES ☐ NO LAST GRADE COMPLETED: _____

COLLEGE GRADUATE? ☐ YES ☐ NO YEARS COMPLETED: _____

SPECIALIZED TRAINING: _____

CERTIFICATE OR DEGREE OF COMPLETION: ☐ YES ☐ NO

IF YES, GIVE NAME OF SCHOOL AND ADDRESS: _____

LIST ANY OTHER SKILLS OR HOBBIES: _____

FAMILY INFORMATION

STATUS: ☐ MARRIED ☐ SINGLE ☐ SEPARATED ☐ DIVORCED

SPOUSE'S NAME: _____ HOME PHONE: _____
Last First Middle

IF DIFFERENT FROM YOURS:

SPOUSE'S ADDRESS: _____
Street Name & Number County/City State Zip

NUMBER OF CHILDREN: MALES _____ FEMALES _____

DO THEY LIVE WITH YOU? ☐ YES ☐ NO

YOUR FATHER'S NAME: _____ YOUR MOTHER'S NAME: _____

YOUR FATHER'S ADDRESS: _____
Street Name & Number County/City State Zip

YOUR FATHER'S HOME PHONE NO.: _____

YOUR MOTHER'S ADDRESS: _____
Street Name & Number County/City State Zip

YOUR MOTHER'S HOME PHONE NO.: _____
(If different from father's)

EMPLOYMENT

EMPLOYER AND ADDRESS: _____
(Name of Company/Organization)

Address

Phone Number:

SUPERVISOR'S NAME: _____

PHONE NUMBER: _____

TYPE OF WORK: _____

HOW LONG EMPLOYED? _____

HRS WORKED PER WEEK: _____ SALARY HOURLY: _____

WEEKLY: _____ BI-WEEKLY: _____

PREVIOUS EMPLOYER: _____ HOW LONG? _____

FOR OFFICE USE ONLY

EMPLOYMENT VERIFIED BY: _____ DATE: _____

PERSON CONTACTED: _____ TITLE: _____

WORK SCHEDULE : SU: MO: TU: WE: TH: FR: SA: Varied? (circle) Yes or No

WAS INMATE RECOMMENDED BY COURT? ☐ YES COURT ORDERED? ☐ YES JAIL STAFF? ☐ YES

☐ NO

☐ NO

☐ NO

DATE OF QUALIFICATION: _____

START DATE OF PARTICIPATION _____

IF NOT QUALIFIED FOR PROGRAM WHY? _____

STAFF'S SIGNATURE

DATE

TRANSPORTATION

DO YOU HAVE A VALID VIRGINIA OPERATOR'S LICENSE? ☐ YES ☐ NO

WILL YOU USE YOUR OWN AUTOMOBILE FOR TRANSPORTATION TO/FROM WORK? ☐ YES ☐ NO

IF YES, ANSWER THE FOLLOWING:

MAKE

MODEL

YEAR

COLOR

LICENSE PLATE NO.

STATE

IF RIDING WITH SOMEONE ELSE, DRIVER'S INFORMATION:

NAME: _____
Last First Middle

PRESENT ADDRESS: _____
Street Name & Number County/City State Zip

IF VEHICLE IS NOT YOURS:

MAKE

MODEL

YEAR

COLOR

LICENSE PLATE NO.

STATE

Phone No. _____

Work Phone No. _____

EMERGENCY CONTACT

LIST EMERGENCY CONTACT PERSON

NAME: _____ PHONE NO.: _____

HOME ADDRESS: _____
Street Name & Number County/City State Zip

ALTERNATE CONTACT PERSON:

NAME: _____ PHONE NO.: _____

HOME ADDRESS: _____
Street Name & Number County/City State Zip

PHYSICAL DISABILITIES/ILLNESS: ☐ YES ☐ NO

IF YES, EXPLAIN: _____

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED TO THE PREVIOUS QUESTIONS IS TRUE AND CORRECT, AND THAT NO ATTEMPT HAS BEEN MADE TO CONCEAL PERTINENT INFORMATION. I UNDERSTAND THAT IF THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS FOUND TO BE FALSE OR MISLEADING, I WILL BE INELIGIBLE FOR ANY FURTHER PARTICIPATION IN THE PROGRAMS OFFERED BY CHESTERFIELD COUNTY JAIL.

PARTICIPANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY

STAFF COMMENTS: _____



Office of the Sheriff Chesterfield County, Virginia

WORK RELEASE EMPLOYER NOTIFICATION

DATE: _____

To the Employer:

By the below signature I am acknowledge that the participant is a full-time employee under my direction. This form can be used to verify employment or by other state and federal agencies for tax verifications or any other purposes. The work release employee is released from jail to report to work only. He/she is not allowed to go anywhere else during the day unless it is part of his/her job. The employee is not to leave the job for any reason except sickness, termination, resignation, etc. It is up to the employer to notify the jail if this happens.

The employer must clear any overtime with the jail ahead of time. Any changes to the employee's schedule must be received no later than Thursday at 12 noon.

If the inmate does not show up for work or shows up late, it is the responsibility of the employer to notify the jail. The inmate will be released from the jail in time to get to work on time so he/she should not be reporting to work late unless there is an emergency. The court may be notified if the employer is found to have given false information concerning the employee.

All work release inmates must be able to give their EXACT work location for each day they are to work. Those unable to do so will not be released until the exact location is known. They will not be permitted to use the location of the office or shop if that is not where they will be. **THERE WILL BE NO EXCEPTIONS TO THIS RULE.**

Sincerely,

Alternative Sentencing Coordinator
Chesterfield Sheriff's Office
(804)717-6919 or (804)751-4462

Employer Signature

Date

Employer Name
(Print Legibly or Type)

cc: Inmate's File

P.O. Box 940, Chesterfield, Virginia 23832 • Phone: (804) 748-1261 • Fax: (804) 748-5808

CHESTERFIELD COUNTY SHERIFF'S OFFICE
RULES AND REGULATIONS FOR WORK/EDUCATION RELEASE

1. Work/Education Release candidates will have employment or school verified by the alternative sentencing coordinator with the employer or school official prior to release to work or school. Providing false or misleading information on the application may result in disciplinary action and/or removal from the program.
2. You are to keep the peace and be of good behavior, obeying all the laws of the Commonwealth of Virginia. Violation of any law, including traffic violations, will result in your removal from the program. Participants must report any contact with law enforcement or the court to the alternative sentencing coordinator, even if not charged/ticketed.
3. The alternative sentencing coordinator will arrange all work schedules with the employer. Any schedule changes or overtime must be requested by the employer and be approved by the alternative sentencing coordinator.
4. Participants will be required to provide paycheck stubs or other documentation to verify continued employment upon request by the alternative sentencing coordinator.
5. Participants are to go directly to work taking the most direct route and call in their work location immediately upon arrival. If you have to leave that work location (changing work locations, picking up supplies for the job, lunch break), you are to call the job line with the address you are going to. Once you reach that address, you are to call in again stating you have arrived. This process will continue with each location change. Failing to call in your location may result in disciplinary action.
6. A lunch will be provided upon request by the kitchen. This request must be made the night before you are released for work. If permitted by the employer to leave the work location for a lunch break, participants will stay within two miles of the work site and may NOT use that time for personal visitation with family or friends.
7. Anyone found somewhere other than work without proper authorization from the alternative sentencing coordinator, jail administrator or the shift sergeant may be charged with escape or subject to administrative disciplinary action.
8. Those returning late without proper authorization are subject to administrative disciplinary action if under an hour. Participants are subject to being charged with escape if an hour or more has passed.
9. Participants are to return to the jail immediately after leaving the job. The alternative sentencing coordinator must be notified immediately of any changes in job status. This includes resignation, layoff, or termination. Participants may NOT change employment without prior authorization from the alternative sentencing coordinator.
10. Participants are to accept ONLY emergency medical treatment while at work unless authorized by the jail nurse and the alternative sentencing coordinator. The jail medical department must approve all medications, including prescriptions from your family physician.
11. There will be no possession or use of alcohol or drugs. All participants are subject to random drug and alcohol testing. The nurse must approve mouthwash or medicines containing alcohol before using. Failing to provide a sample for a random test will result in immediate removal from the program.
12. Participants are to have NO weapons or firearms in their possession at any time.
13. Hitchhiking is prohibited by participants on the program.
14. All work release must pay a supervision fee (room and board) of \$10.00 per day. This fee is collected each Tuesday morning at 7:00 a.m. Make sure the proper amount of money is left in your account.

15. All work release must pay for the support of any legal dependants and other financial obligations as ordered by the court and/or the Department of Social Services. Participants who default on an installment payment plan set up by the courts or Social Services are subject to removal from the program. In addition to institutional charges, participants may be subject to a Show Cause Order and to the provisions of 19.2-358, 19.2-349, and 46.2-396 Code of Virginia.
16. A complete search of your person and property will be conducted upon your return from work.
17. Participants may NOT bring any food or drinks, books, magazines, cigarettes, hygiene items, jewelry, etc. into the jail without authorization from the alternative sentencing coordinator, sergeant, or jail administrator. The only items allowed into the jail are the following: keys, cellular phones (must be turned off before entering the building), wallets, identification, approved medications, and \$20.00 cash (maximum).
18. Participants will be assigned a locker to store three sets of work clothes. Each Thursday, you will have one additional hour to wash laundry at a location approved by the alternative sentencing coordinator.
19. Participants may request additional time (in writing) for haircuts but MUST wait for approval from the alternative sentencing coordinator prior to going. You will be required to provide a receipt.
20. Participants will be required to wear a monitoring device similar to that of a home incarceration participant. Reasons for this placement may be, but are not limited to, current charge, criminal history, or nature of current job that requires closer monitoring. Those wearing the monitoring device will be required to follow the home incarceration rules as well as the work release and inmate handbook rules.
21. Work Release inmates who violate program rules and regulations will be institutionally charged and held in pending a disciplinary hearing. If found guilty and removed from the program, you may follow the appeal process outlined on the violation report. You will remain on a hold-in status until the process is finalized.
- 22. Financial responsibility for injuries that occur on the job is the responsibility of the employer or the participant. Should the participant decide to operate as an independent contractor it is the participant's responsibility to report and file all paperwork associated with the designation.**
23. The use of CBD oils or products are not encouraged. Use of these substances could result in a false-positive drug screening and your immediate removal from the program.

All participants are responsible for obeying these rules as well as the rules in the inmate handbook. You are subject to disciplinary action and removal from the program if any of the rules are violated. You may also be subject to criminal charges, depending on the infraction.

Participant Signature

Alternative Sentencing Coordinator

Date

CHESTERFIELD COUNTY SHERIFF'S OFFICE
**WORK RELEASE PROGRAM RULES AND REGULATIONS
FOR ELECTRONIC MONITORING DEVICE**

1. The participant agrees to charge the electronic monitoring device twice a day, every 12 hours, for 45 minutes and WILL NOT charge the device while sleeping or driving.
2. The participant may NOT tamper with or remove the monitoring device once installed, until released from the program. A sock can be worn over and/or under the device but DO NOT force a boot over it. The participant may NOT submerge the device in water (baths, pools, hot tubs) but may shower with it on. The participant will be required to pay for any damages to the electronic monitoring device occurring while it is in their possession or for failure to return the device at the completion of the program. Criminal charges may be obtained for intentional damage to the device.
3. The participant will NOT press the "status call button" unless instructed by the Alternative Sentencing Coordinator.
4. The participant must call the Coordinator immediately if:
 - a. The device vibrates or beeps
 - b. The light shines or blinks when off the charger
5. The participant will follow all instructions from the Alternative Sentencing Coordinator and other Sheriff's Office personnel.
6. Any person, including family members, who hinder the duties of any Sheriff's Office staff, will be dealt with as prescribed by the laws of the Commonwealth of Virginia.

I hereby certify that I have read, or have had read to me, the above rules. I understand them and do hereby agree to abide by these conditions IN ADDITION to the Rules and Regulations for Work/Education Release.

Participant's Signature

Date

Alternative Sentencing Coordinator Signature

Date



Office of the Sheriff Chesterfield County, Virginia

Memorandum

TO: All Work Release Participants

FROM: Work Release Coordinator

DATE: _____

SUBJECT: Job Locations

All work release participants are to call the job line as soon as you reach your place of employment. If your job location changes, or if you are going to lunch, you are required to call when leaving; giving the address you are headed to. You are to call when you get to that location. You must call again when you leave to return to your place of employment using the instructions below:

- **Speak slowly and clearly;**
- **State your name;**
- **Give your inmate number;**
- **Give exact address (this is to include street number or lot number, street name, apartment number, building number, suite number, etc.);**
- **Give company name if job site is at a business or indicate if job is a residence;**
- **Give a phone number you can be reached at; and**
- **Give the name of city/county you are working in (the only localities allowed are: Chesterfield, Henrico, City of Richmond, Hanover, Powhatan, Amelia, Colonial Heights, Petersburg, Prince George, Hopewell, Dinwiddie, New Kent, Goochland and Charles City)**

This format is to comply with the Department of Corrections Standards and applies to those that work at the same job site each day.

Failure to call in as described above could result in removal from the Work Release Program.

The Job Locations' phone number is **318-8011**.



Office of the Sheriff Chesterfield County, Virginia

Memorandum

TO: Work Release Applicant/Employer

FROM: Alternative Sentencing Coordinator

DATE: _____

SUBJECT: Alternative Sentencing Work Locations

You are only allowed to work in the following localities while participating in the Work Release Program: Chesterfield, City of Richmond, Henrico, Hanover, Powhatan, Amelia, Colonial Heights, Petersburg, Hopewell, Dinwiddie, Prince George, New Kent, Goochland, and Charles City.

Participant's Signature

Date

CHESTERFIELD COUNTY SHERIFF'S OFFICE

DIRECTIONS TO PARTICIPANT'S RESIDENCE AND WORK LOCATION

ALTERNATIVE SENTENCING PROGRAMS

Please use the space below to furnish program staff with directions to your residence and your employment using the most direct route from any major road, highway, interstate, etc. If you are required to work in multiple areas use additional sheets to annotate directions to those locations as well. Be as specific as possible. Print all information neatly.

Participant's Name: _____ Inmate No.: _____

DIRECTIONS TO RESIDENCE FROM CHESTERFIELD COUNTY JAIL:

DIRECTIONS TO WORK LOCATION FROM CHESTERFIELD COUNTY JAIL:

Employer: _____

Job Location: _____

Participant Signature: _____



Office of the Sheriff Chesterfield County, Virginia

EMPLOYER CONTRACT VERIFICATION

Participant's Name: _____

(Please return completed form)

As the employer of the above referenced work release inmate, please provide the following information regarding federal contract(s) (check the one applicable to your business):

- ☐ I do have federal contract(s)
- ☐ I do not have federal contract(s)

If you do have a federal contract(s), you must meet the following conditions to continue employing the work release inmate:

- ◆ Representatives of local union central bodies or similar labor union organizations shall have been consulted;
- ◆ Employment shall not result in the displacement of employed workers, or be applied in skills, crafts or trades in which there is a surplus of available gainful labor in the locality, or impair existing contracts for services; and
- ◆ Rates of pay and other conditions of employment shall not be less than those paid or provided for work of a similar nature in the locality in which the work is being performed.

If you have a federal contract(s), your signature below is confirmation that the conditions set forth in this letter (above), are being met. If you do not currently have a federal contract(s) but obtain one in the future, the Work Release Counselor/Alternative Sentencing Unit must be notified immediately.

Sincerely,

Alternative Sentencing Coordinator
Chesterfield Sheriff's Office
(804)717-6919 or (804)751-4462

Employer Signature

Date

Employer Name
(Print or Type)

P.O. Box 940, Chesterfield, Virginia 23832 • Phone: (804) 748-1261 • Fax: (804) 748-5808



Office of the Sheriff Chesterfield County, Virginia

NOTICE OF INDEBTEDNESS WORK RELEASE PROGRAM FEES

DATE: _____

Dear Work Release Program Participant:

This is a reminder that you still owe the Chesterfield County Sheriff's Office \$_____ for your participation in the Work Release Program for _____ days.

If this amount is not paid by _____, I will proceed with the Commonwealth Attorney to have a Show Cause placed against you.

Thank you for your attention in this matter.

Sincerely,

Alternative Sentencing Coordinator
Chesterfield County Sheriff's Office

P.O. Box 940, Chesterfield, Virginia 23832 • Phone: (804) 748-1261 • Fax: (804) 748-5808